Accreditation Decision

**Decision to re-accredit service following a site audit**

**Service and approved provider details**

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| --- | --- |
| **Name of service:** | Arcare Sydenham |
| **RACS ID:** | 3578 |
| **Name of approved provider:** | Arcare Pty Ltd |
| **Address details:** | 31-51 Trickey Avenue SYDENHAM VIC 3037 |
| **Date of site audit:** | 10 September 2019 to 11 September 2019 |

**Summary of decision**

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| --- | --- | --- |
| **Decision made on:** | 21 October 2019 | |
| **Decision made by**: | Authorised delegate of the Aged Care Quality and Safety Commissioner (Commissioner) under section 76 of the *Aged Care Quality and Safety Commission Act 2018* to decide under section 41 of the Aged Care Quality and Safety Commission Rules 2018 (Rules) about the accreditation of a service. | |
| **Decision:** | To re-accredit the service under section 41 of the Rules. | |
| **Further period of accreditation:** | 17 November 2019 to 17 November 2022 | |
| **Assessment of performance with the Aged Care Quality Standards** | | |
| Standard 1 Consumer dignity and choice | | Met |
| Requirement 1(3)(a) | | Met |
| Requirement 1(3)(b) | | Met |
| Requirement 1(3)(c) | | Met |
| Requirement 1(3)(d) | | Met |
| Requirement 1(3)(e) | | Met |
| Requirement 1(3)(f) | | Met |
| Standard 2 Ongoing assessment and planning with consumers | | Met |
| Requirement 2(3)(a) | | Met |
| Requirement 2(3)(b) | | Met |
| Requirement 2(3)(c) | | Met |
| Requirement 2(3)(d) | | Met |
| Requirement 2(3)(e) | | Met |
| Standard 3 Personal care and clinical care | | Met |
| Requirement 3(3)(a) | | Met |
| Requirement 3(3)(b) | | Met |
| Requirement 3(3)(c) | | Met |
| Requirement 3(3)(d) | | Met |
| Requirement 3(3)(e) | | Met |
| Requirement 3(3)(f) | | Met |
| Requirement 3(3)(g) | | Met |
| Standard 4 Services and supports for daily living | | Met |
| Requirement 4(3)(a) | | Met |
| Requirement 4(3)(b) | | Met |
| Requirement 4(3)(c) | | Met |
| Requirement 4(3)(d) | | Met |
| Requirement 4(3)(e) | | Met |
| Requirement 4(3)(f) | | Met |
| Requirement 4(3)(g) | | Met |
| Standard 5 Organisation’s service environment | | Met |
| Requirement 5(3)(a) | | Met |
| Requirement 5(3)(b) | | Met |
| Requirement 5(3)(c) | | Met |
| Standard 6 Feedback and complaints | | Met |
| Requirement 6(3)(a) | | Met |
| Requirement 6(3)(b) | | Met |
| Requirement 6(3)(c) | | Met |
| Requirement 6(3)(d) | | Met |
| Standard 7 Human resources | | Met |
| Requirement 7(3)(a) | | Met |
| Requirement 7(3)(b) | | Met |
| Requirement 7(3)(c) | | Met |
| Requirement 7(3)(d) | | Met |
| Requirement 7(3)(e) | | Met |
| Standard 8 Organisational governance | | Met |
| Requirement 8(3)(a) | | Met |
| Requirement 8(3)(b) | | Met |
| Requirement 8(3)(c) | | Met |
| Requirement 8(3)(d) | | Met |
| Requirement 8(3)(e) | | Met |

**This decision is published on the Aged Care Quality and Safety Commission’s (Commission) website under section 48 of the Rules.**

Site Audit Performance   
Assessment Report

The Commission makes the decision taking into account this site audit report, any response by the provider, and any other relevant information.

The met/not met recommendations made by the Assessment Team in this site audit report may differ from the findings in the decision.

## Introduction

**This is the report of an assessment of Arcare Sydenham (the Service) conducted from 10 September 2019 to 11 September 2019.**

**This assessment was conducted for the purposes of assessing the provider’s performance in relation to the Service against the Aged Care Quality Standards (the Quality Standards) in accordance with the Aged Care Quality and Safety Commission Rules 2018.**

This report details the findings of this performance assessment and contains a detailed report about the performance of the Service against each Quality Standard assessed and the requirements within each Standard assessed rated as either, Met or Not Met.

For a ‘Not met’ finding, the Assessment Team has provided information about why the requirement was Not Met.

This Report is to be read in conjunction with the Quality Standards.

## Assessment Details

The assessment was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The following interviews were undertaken:

| **Type** | **Number** |
| --- | --- |
| Consumers | 15 |
| Representatives | 7 |
| Quality lead and support officers | 3 |
| Regional manager - Catering | 1 |
| Lifestyle Coordinator | 1 |
| Nurse unit managers | 3 |
| Registered & enrolled nurses | 2 |
| Physiotherapist | 2 |
| Care staff | 4 |
| Receptionist | 1 |
| Chef & kitchen hand | 2 |
| Maintenance officer | 1 |
| Cleaning and laundry staff | 2 |
| Residence Manager | 1 |

## Detailed findings

This section covers information about the assessment of the provider’s performance, in relation to the service, against each of the requirements of the Quality Standards that were assessed.

### Standard 1: Consumer dignity and choice Met

#### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

#### Organisation statement:

2. The organisation:  
  
a) has a culture of inclusion and respect for consumers; and   
b) supports consumers to exercise choice and independence; and   
c) respects consumers’ privacy.

#### Summary of Assessment of Standard 1:

The Assessment Team found the service has met the six requirements under Standard 1.

Of consumers and representatives interviewed and those randomly selected to participate in the consumer experience report 100% confirmed they are treated with respect. Consumers and representatives provided examples of how staff value their identity, culture and diversity.

The service demonstrated that consumers are treated with dignity and respect, and the service actively promotes a cultural awareness as part of service delivery. Staff were observed to interact with consumers respectfully and could readily identify consumer’s individual preferences and interests. Consumers described the ways their social and intimate relationships are supported both inside and outside the service. The service promotes the value of culture and diversity through staff training, in the range of activities it offers for consumers with diverse backgrounds and preferences and in delivery of care that is tailored to the person.

Staff could provide meaningful examples of how they assist consumers to make choices, including giving consumers clear and accurate information and options to inform their choice. Consumers reported that they feel listened to when they tell staff what matters to them and they can make decisions about their life, even when it involves a degree of risk.

Consumers report that they are confident that the service protects their privacy and confidentiality. Staff were observed to provide care in a manner that was respectful to consumer’s privacy. Staff gave examples and the Assessment Team observed of how staff maintain consumers’ dignity while attending to personal care needs. The service also demonstrated how personal information is stored securely when not in use, consistent with documented policies and procedures.

#### Requirements:

##### Standard 1 Requirement 3(a) Met

The organisation demonstrates that each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

##### Standard 1 Requirement 3(b) Met

The organisation demonstrates that care and services are culturally safe.

##### Standard 1 Requirement 3(c) Met

The organisation demonstrates that each consumer is supported to exercise choice and independence, including to:

1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and
4. make connections with others and maintain relationships of choice, including intimate relationships.

##### Standard 1 Requirement 3(d) Met

The organisation demonstrates that each consumer is supported to take risks to enable them to live the best life they can.

##### Standard 1 Requirement 3(e) Met

The organisation demonstrates that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

##### Standard 1 Requirement 3(f) Met

The organisation demonstrates that each consumer’s privacy is respected and personal information is kept confidential.

### Standard 2: Ongoing assessment and planning with consumers Met

#### Consumer outcome:

1. I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

#### Organisation statement:

2. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

#### Summary of Assessment of Standard 2:

The Assessment Team found the service has met the five requirements under Standard 2.

Of consumers and representatives interviewed and those randomly selected to participate in the consumer experience report, 94% are satisfied that they have a say in their daily activities all of the time or most of the time.

Consumers said staff listen to their goals and preferences in day to day activities, and the service seeks the contribution from other healthcare professionals to ensure consumers receive the right care and services to meet their needs.

Staff interviewed demonstrated they understood the process of reviewing and updating care plans and how they were notified of changes to care. Staff were able to demonstrate service’s written processes for passing on relevant information to others (including medical practitioners, allied health professionals and carers) to deliver care and services through ongoing planning and assessment of consumers needs including regular monitoring and review.

Each of the care and service plans reviewed by the Assessment Team showed that they have been reviewed regularly. The service’s electronic care documentation system prompts care alerts and updates the workforce message board. Care staff are notified of any changes in consumers’ needs the moment they log in. This information is reflected in the daily handover documentation. Advanced care plans including preferences for end of life care were also reviewed.

Staff demonstrated an understanding of adverse incidents or near miss events and how these are identified, documented and reviewed by the service, to inform continuous improvement.

#### Requirements:

##### Standard 2 Requirement 3(a) Met

The organisation demonstrates that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.

##### Standard 2 Requirement 3(b) Met

The organisation demonstrates that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.

##### Standard 2 Requirement 3(c) Met

The organisation demonstrates that assessment and planning:

1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.

##### Standard 2 Requirement 3(d) Met

The organisation demonstrates that the outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.

##### Standard 2 Requirement 3(e) Met

The organisation demonstrates that care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

### Standard 3: Personal care and clinical care Met

#### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

#### Organisation statement:

2. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being

#### Summary of Assessment of Standard 3:

The Assessment Team recommend that the organisation the seven requirements under Standard 3.

Of consumers and representatives interviewed and those randomly selected to participate in the consumer experience, 100% said they get the care they need all of the time or most of the time and 100% responded that they feel safe all of the time or most of the time.

Staff could describe how they ensure care is according to consumers’ preferences and is right for them. Staff were able to identify inherent risks of consumer choices and supported them by explaining the risks to them in a manner that the consumer understands monitoring and observation of the consumers.

Each of the care plans reviewed by the Assessment Team evidenced the delivery of safe and effective care including end of life strategies. Care plans and associated documents reviewed consultation from other healthcare professionals that guided staff in complex nursing care. Where applicable medical enduring power of attorney (including public advocates) documentation was sighted.

#### Requirements:

##### Standard 3 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

1. is best practice and
2. is tailored to their needs and
3. optimises their health and well-being.

##### Standard 3 Requirement 3(b) Met

The organisation demonstrates that effective management of high impact or high prevalence risks associated with the care of each consumer.

##### Standard 3 Requirement 3(c) Met

The organisation demonstrates that the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.

##### Standard 3 Requirement 3(d) Met

The organisation demonstrates that deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

##### Standard 3 Requirement 3(e) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 3 Requirement 3(f) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 3 Requirement 3(g) Met

The organisation demonstrates that minimisation of infection related risks through implementing:

1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

### Standard 4: Services and supports for daily living Met

#### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

#### Organisation statement:

2. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

#### Summary of Assessment of Standard 4:

The Assessment Team found the service has met the seven requirements under Standard 4.

Of consumers and representatives interviewed and those randomly selected to participate in the consumer experience report, 100% said they that they are encouraged to do as much as possible for themselves most of the time or always. 75% of consumers said that they like the food all of the time or most of the time. The remaining 25% of consumers provided examples of why they had selected some of the time. Management continue working with consumers through food focus groups to enhance choice, variety and satisfaction of meal services.

Consumers, representatives and staff provided various examples about how the service promotes emotional, spiritual and psychological wellbeing. The service provides a comprehensive activities program for consumers to participate in and actively seeks information from consumers about additional individual activities in which they would like to partake. Staff described how they identify and provide one to one engagement for consumers who prefer to stay in their room. The service has a centrally located café providing beverages and light refreshments for the enjoyment of consumers and visitors.

The service demonstrated that is makes timely referrals to other community organisations and allied health services.

The service provides safe, suitable and well-maintained equipment and that staff are appropriately trained to use.

#### Requirements:

##### Standard 4 Requirement 3(a) Met

The organisation demonstrates that each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.

##### Standard 4 Requirement 3(b) Met

The organisation demonstrates that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

##### Standard 4 Requirement 3(c) Met

The organisation demonstrates that services and supports for daily living assist each consumer to:

1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.

##### Standard 4 Requirement 3(d) Met

The organisation demonstrates that information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.

##### Standard 4 Requirement 3(e) Met

The organisation demonstrates that timely and appropriate referrals to individuals, other organisations and providers of other care and services.

##### Standard 4 Requirement 3(f) Met

The organisation demonstrates that where meals are provided, they are varied and of suitable quality and quantity.

##### Standard 4 Requirement 3(g) Met

The organisation demonstrates that where equipment is provided, it is safe, suitable, clean and well maintained.

### Standard 5: Organisation’s service environment Met

#### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

#### Organisation statement:

2. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

#### Summary of Assessment of Standard 5:

The Assessment Team found the service has met the three requirements under Standard 5.

Of consumers and representatives interviewed and those randomly sampled to participate in the consumer experience report, 94% agreed that they feel at home at the service always or most of the time, while a small proportion of consumers said that their ongoing medical condition detracts from their ability to enjoy what the service has to offer. Management continue work towards developing strategies so that all consumers feel at home.

The service was observed to be welcoming with individual rooms decorated with memorabilia, photographs and other personal items and is clean and well maintained. The service has preventative and reactive maintenance schedules.

The service is well appointed, and the layout of the service enabled consumers to move around freely. Fittings and signage assist consumers to navigate the service. Consumers had ready access to tidy outdoor areas with gardens, paths and outdoor settings that enabled free movement and rest areas.

Consumer’s reported that the service was well maintained and kept at a comfortable temperature. They have access to a range of equipment and furnishings and felt safe using them. The service regularly sought feedback about how the service environment could be improved and made more welcoming. They have access to quiet rooms to meet with family and friends and are encouraged to use all areas of the service including the outdoor areas where activities and celebrations are held.

Management confirmed that environmental audits are conducted to assess potential risk areas and instigate improvements. The service environment is a standing agenda item for management meetings and organisational executive meetings where any emerging risk or environment issues are discussed along with consumer feedback on the service environment.

#### Requirements:

##### Standard 5 Requirement 3(a) Met

The organisation demonstrates that the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.

##### Standard 5 Requirement 3(b) Met

The organisation demonstrates that the service environment:

1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.

##### Standard 5 Requirement 3(c) Met

The organisation demonstrates that furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

### Standard 6: Feedback and complaints Met

#### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

#### Organisation statement:

2. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

#### Summary of Assessment of Standard 6:

The Assessment Team found that the organisation has met the four requirements under Standard 6.

The service demonstrated that consumers are encouraged and supported to provide feedback and make complaints, have access to advocates and methods for resolving complaints, have appropriate action taken in response to their complaints, and complaints are reviewed and used to improve services.

Of consumers and representatives interviewed and those randomly sampled to participate in the consumer experience report 94% of consumers are satisfied staff follow up when they raise things with them. Other consumers and representatives interviewed provided positive feedback about staff and management’s responsiveness to any issues raised.

Information about internal and external feedback processes is provided to all consumers and representatives. Brochures and information relating to feedback mechanisms are displayed throughout the service and available to consumers in multiple languages. There are feedback boxes located in the wings of the service. Feedback, complaints and compliments are an agenda item at consumer meetings. The organisation has an open disclosure framework.

Management review, analyse and monitor all feedback received to identify trends and generate improvements. Complaints data is reported through governance structures and tabled meetings of the organisation’s Board.

#### Requirements:

##### Standard 6 Requirement 3(a) Met

The organisation demonstrates that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.

##### Standard 6 Requirement 3(b) Met

The organisation demonstrates that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

##### Standard 6 Requirement 3(c) Met

The organisation demonstrates that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

##### Standard 6 Requirement 3(d) Met

The organisation demonstrates that feedback and complaints are reviewed and used to improve the quality of care and services.

### Standard 7: Human resources Met

#### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

#### Organisation statement:

2. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

#### Summary of Assessment of Standard 7:

The Assessment Team found that the organisation has met all five requirements under Standard 7.

The organisation demonstrated that the workforce is planned to enable the delivery and management of safe, respectful and quality care and services.

Of consumers and representatives interviewed and those randomly selected to participate in the consumer experience, 94% said staff are kind and caring and 94% said staff know what they are doing all of the time or most of the time.

A small proportion of consumers who responded some of the time, said ongoing physical and emotional needs relied on staffs’ understanding of these needs. Management continue work towards developing strategies to ensure all consumers are satisfied.

The service demonstrated there are processes to ensure there are sufficient skilled and qualified staff to deliver safe, quality care and services within the ‘dedicated continuity’ model the service practices. Staff said and roster documentation confirmed there is a process to replace planned and unplanned leave.

Staff were observed to be attentive, kind and caring in their interactions with consumers and representatives. The majority of staff said they have sufficient time to complete their workload and said staff absences are replaced.

Recruitment, selection, induction and orientation processes ensure staff have the required knowledge and skills to deliver services. Staff are recruited to specific roles requiring relevant qualifications and experience and are provided with relevant information to enable them to complete their tasks. Staff have access to a range of education to support them in their relevant positions and attend a compulsory practice refresher day annually.

Management discussed processes to monitor staff performance. All staff are now required to participate in an annual performance review.

#### Requirements:

##### Standard 7 Requirement 3(a) Met

The organisation demonstrates that the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.

##### Standard 7 Requirement 3(b) Met

The organisation demonstrates that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

##### Standard 7 Requirement 3(c) Met

The organisation demonstrates that the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

##### Standard 7 Requirement 3(d) Met

The organisation demonstrates that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

##### Standard 7 Requirement 3(e) Met

The organisation demonstrates that regular assessment, monitoring and review of the performance of each member of the workforce.

### Standard 8: Organisational governance Met

#### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

#### Organisation statement:

2. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

#### Summary of Assessment of Standard 8:

#### The Assessment Team found that the organisation has met all five requirements under Standard 8.

Of consumers and representatives interviewed and those randomly selected to participate in the consumer experience, 94% agreed that the service is well run.

The organisation demonstrated that they involve consumers in the design, delivery and evaluation of care and services, providing examples of how consumers are involved in the design of services and are engaged on a regular basis. These include meetings, gatherings and promotion of shared decision-making processes. Consumers interviewed confirmed they are involved in care planning, delivery and evaluation and provided examples of how this occurs in practice.

The governing body meets regularly, sets expectations for the service and regularly reviews risks. Organisational wide governance systems support effective information management, the workforce, compliance with regulation and clinical care.

The service has a continuous improvement program which drives the quality system and involves all stakeholders.

The clinical governance framework addresses anti-microbial stewardship, minimising the use of restraint and practising open disclosure when required. Staff interviewed understood these concepts and could explain how they were applied in practice.

#### Requirements:

##### Standard 8 Requirement 3(a) Met

The organisation demonstrates that consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

##### Standard 8 Requirement 3(b) Met

The organisation demonstrates that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.

##### Standard 8 Requirement 3(c) Met

The organisation demonstrates that effective organisation wide governance systems relating to the following:

1. information management
2. continuous improvement
3. financial governance
4. workforce governance, including the assignment of clear responsibilities and accountabilities
5. regulatory compliance
6. feedback and complaints

##### Standard 8 Requirement 3(d) Met

The organisation demonstrates that effective risk management systems and practices, including but not limited to the following:

1. managing high-impact or high-prevalence risks associated with the care of consumers
2. identifying and responding to abuse and neglect of consumers
3. supporting consumers to live the best life they can

##### Standard 8 Requirement 3(e) Met

The organisation demonstrates that where clinical care is provided - a clinical governance framework, including but not limited to the following:

1. antimicrobial stewardship
2. minimising the use of restraint
3. open disclosure